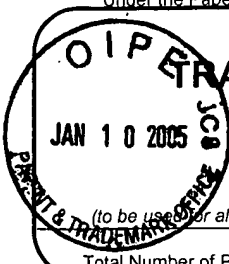
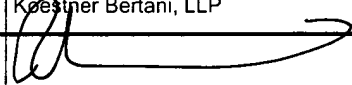


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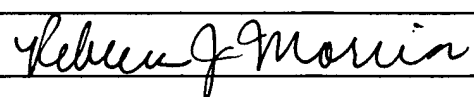
	Application Number		10/614,969	
	Filing Date		July 8, 2003	
	First Named Inventor		Dennis P. Schwartz, et al.	
	Art Unit		3629	
	Examiner Name		Unknown	
Total Number of Pages in This Submission		3	Attorney Docket Number	1058.P001USC1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Please change the attorney docket number to 1058.P001USC1 for the above-referenced matter. Thank you.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Koestner Bertani, LLP		
Signature			
Printed name	Robert A. McLauchlan		
Date	January 3, 2005	Reg. No.	44,924

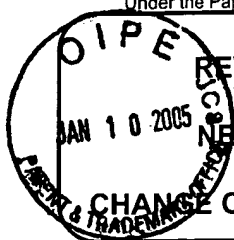
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/614,969
Filing Date	July 8, 2003
First Named Inventor	Dennis P. Schwartz
Art Unit	3629
Examiner Name	Unknown
Attorney Docket Number	1058.P001USC1 (13754:11)

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 39191

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Robert A. McLauchlan, Koestner Bertani, LLP				
Address	P.O. Box 26780				
City	Austin	State	TX	Zip	78755
Country	USA				
Telephone	(512) 339-4100	Fax	(512) 692-2529		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature				
Name	Dennis P. Schwartz			
Date	October 14, 2004	Telephone	(972) 562-1966	

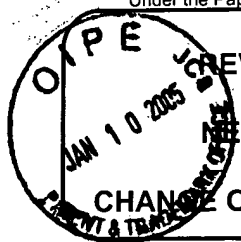
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Robert A. McLauchlan, Koestner Bertani, LLP				
Address	P.O. Box 26780				
City	Austin	State	TX	Zip	78755
Country	USA				
Telephone	(512) 339-4100	Fax	(512) 692-2529		

I am the:

☒ Applicant/Inventor.

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	William B. Mow		
Date	October 14, 2004	Telephone	(972) 562-1966

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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